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Worldwide opportunity in the online learning environment - reflections on the expansion and development of the degree conversion programme for diplomate health professionals at QMU



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Background

The subject area of podiatry began offering a conversion degree for diplomate podiatrists in 1994. This was an attendance programme, and had around 12-20 students each year, with numbers dwindling to 4-6 students in the late 1990s.

The cost and inconvenience of attendance were cited as reasons for non-application by those who had enquired but not applied. In response to this, the programme team utilised the WebCT learning environment, and this allowed the programme team to support the existing students at a distance when they were off campus. Following the success of this initiative, in 2002 the programme was reviewed and revalidated, and the programme expanded to offer a BSc Radiography to diplomate radiographers – by distance learning. This was the first distance learning degree to be offered at QMU, with 30 students in each yearly intake.

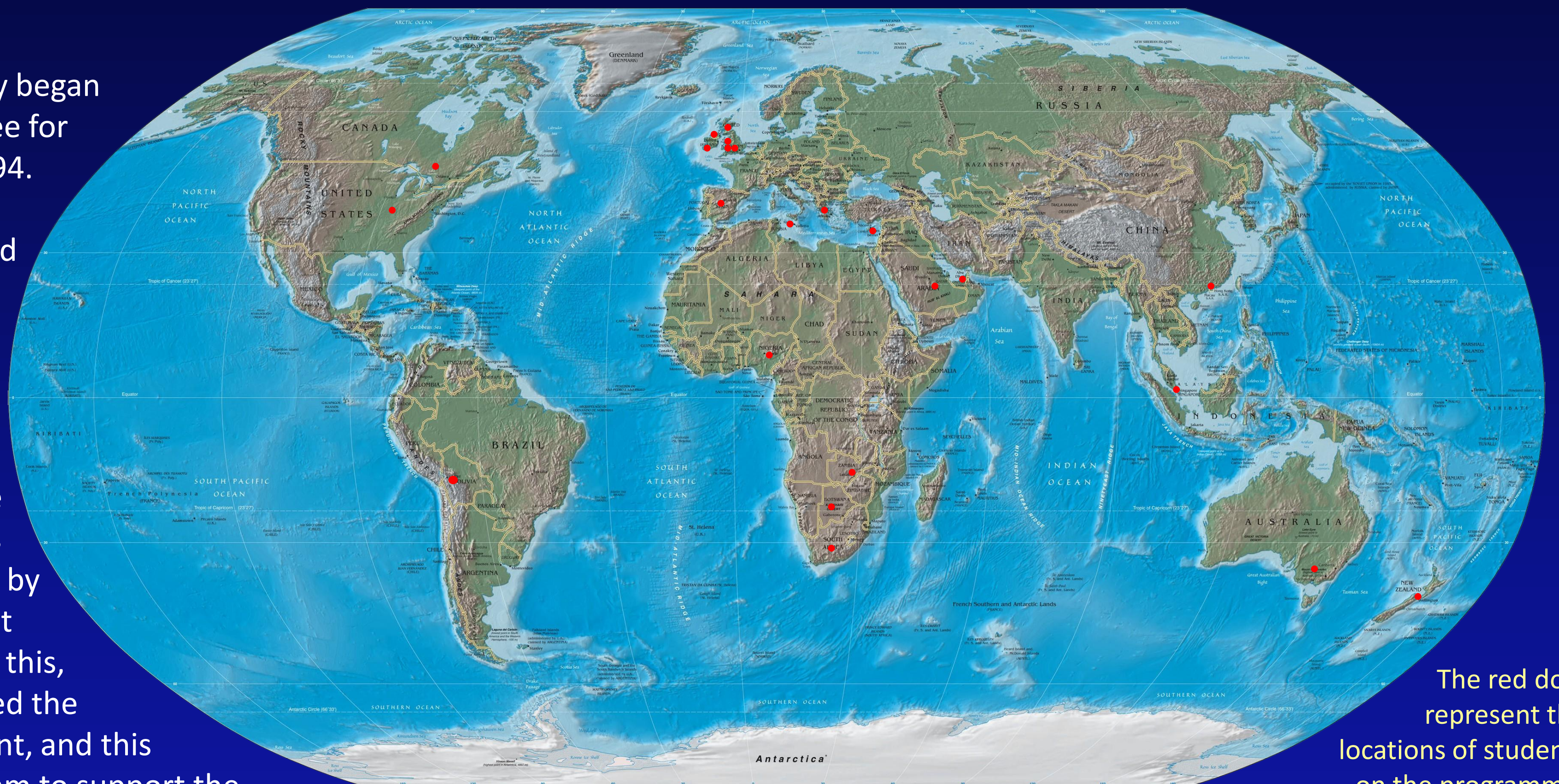
In 2006, having successfully recruited each year, the programme was again reviewed and revalidated by the subject area of podiatry, and this time expanded to offer the BSc conversion programme to diplomate physiotherapists and occupational therapists. The initial intake was 45 students, and the intake has remained at 45-50 in 2008 and 2009, thus the programme has significantly expanded over recent years.

Structure

The programme has three modules – Introduction to Research Methods (20 credits, 20 weeks), Appraising the Evidence (10 credits, 12 weeks) and Evidence Based Practice (10 credits, 12 weeks). Each module has a module handbook and prescribed reading. There are weekly tasks which are carried out on the tutor-led discussion area for each module on WebCT. Modules are facilitated at a student: staff ratio of 15:1.

Current demand

Currently, the programme accepts 45-50 students each year, and demand for the programme is buoyant with waiting lists each year. Retention is also extremely high for a programme of this type, at 96.4%.



The red dots represent the locations of students on the programme.

Strengths

The diverse experience of the students on the programme brings richness to the discussions that would be difficult to achieve in other learning environments. A key strength of the programme is maximisation of the asynchronous learning environment of WebCT, and diplomate health professionals appreciate this ease of access. The module costs are relatively high, but the students do not incur any additional costs related to attendance modes of delivery such as travel costs, accommodation costs or loss of earnings.

Challenges

The programme team has had to find creative and innovative ways to manage the feedback mechanisms in the virtual learning environment. Personal academic tutor meetings and committee meetings have to be conducted online or via email. Additionally, the geographical spread and diverse nature of the students on the programme has created special challenges in sourcing relevant materials and examples, particularly in the area of clinical effectiveness.

Income generation

In 2009-2010, the programme will generate fees of £126000 over the academic year, with relatively low costs. Key costs include staffing to facilitate the delivery of the programme on WebCT, but there are 'hard' costs to support.

Proposals for future development

The programme team will be seeking to further expand and develop this successful programme at the next review and revalidation in 2011-2012.